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# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215 0188  
Expires 11 30 2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9629</u>	2 Fiscal Year Covered From <u>11</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>John A. Turner</u> P.O. Box Bldg Room No. if any _____ Street <u>Rt 1 Box 57</u> City <u>ARCADIA</u> <u>63621</u> State <u>Mo</u> ZIP Code + 4 <u>63650</u>	4 Name, file number, and address of labor organization Name <u>LIUNA Laborers Local 916</u> Labor Organization File Number <u>008 221</u> P.O. Box Building and Room Number if any _____ Street <u>430 N Washington</u> City <u>Farmington</u> State <u>Mo</u> ZIP Code + 4 <u>63640</u>
5 Position in labor organization <u>Recording Secretary</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employee your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name, if any)

Name \_\_\_\_\_

Trade Name, if any \_\_\_\_\_

P.O. Box Bldg Room No. if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

7 a Nature of Interest, Transaction, or Income

please be advised that based on records currently in my possession related to the calendar year 2004 I do not have to the best of my knowledge, any LM 30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.

7 b Amount \_\_\_\_\_

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John A. Turner

On

8 8 05

Date

513 546-1023

Telephone Number